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EDITORIAL

THE RETICULO-ENDOTHELIAL SYSTEM[1]

To those whose business it is to classify the literature of "scientific medicine," something, by the way, quite different from the literature of "medical science," there is no fact more salient and arresting than the chaotic status of such literature. That every war of consequence since the invention of printing has been followed by an upthrust of literary activity is well-known, but never before in the history of the world has experimental medicine engendered such an astounding proliferation of recorded facts and opinions. The mental symbol is that of Stephen Leacock's young woman who got upon a horse and rode rapidly "in all directions." An example, near at hand, is the immense array of literature upon the active and passive relations of insulin. Billing's young chemist, who attempted to analyze a rat by "putting the entire animal into his crucible," would to-day experiment with the effect of the clear filtrate upon everything and of everything upon the filtrate. The terminology attaching to such literature is equally chaotic, suggesting the need of Occam's razor (*entia non sunt multiplicanda*) and justifying Fletcher's dictum: "The whole world is in a conspiracy against bibliographers." Where experimentation is either haphazard or radiates from a substance or organ "in all directions," it is obvious that a certain percentage of the problems will be "illusory problems" (*Scheinprobleme*) and a certain proportion of the

[1] The data in this editorial are derived from Aschoff's Lectures on Pathology (New York, 1924), from the Summaries of Krumbhaar and others, and from the exhaustive abstract of the literature kindly supplied the writer by Dr. Benjamin Sacks (Trudeau, N. Y.).

findings *Scheinwissenschaft, i.e.*, ascertained or ascertainable knowledge which turns out to be of no positive (*i.e.*, of no practical) value. Many of the findings are, at the same time, so disparate and contradictory that they fall easily into the same negative class of "unknown quantities that are not worth knowing." The genius of unimaginable powers who is to weave this great welter of seemingly unrelated facts into a consistent, understandable fabric is yet to appear. The lengthy summaries made are often unintelligible. But where a certain trend of thought or experimentation has at length found itself, and has acquired a sense of direction, there appears, now and then, some honest spirit who, like the vector in mathematics, is a "directive quantity" or agent, bringing some order and relativity into chaos. Such a man is Professor Ludwig Aschoff, whose remarkable synthesis of the reticulo-endothelial system is comparable with what Waldeyer did for the neuron theory in 1891. In his Janeway Lecture (1924), Aschoff very modestly states that the conclusions reached by himself and Landau in 1913 are drawn "from a large number of individual observations of previous investigators, the value and importance of which were forcibly impressed upon us by our own studies." At the same time, he admits that the centric idea, that of a scattered group of stationary cells in the body as coefficients in tissue-repair, immunity, haemolysis and other functions, was initially one of those flashes of insight which were possible to the genius of Metchnikoff. In his brilliant fantasies on the theme "phagocytosis," the great Russian biologist was sometimes led into extravagance, but his whole scheme of experimentation was elevated and sustained by an ardent desire to be of service in the relief of human suffering.

In his lectures on the comparative pathology of inflammation (1892), Metchnikoff stated clearly that the endothelial cells in the walls of blood-vessels have a phagocytic function, apart from the leucocytes. In his lectures on immunity (1901), he extended this function to the large mononuclear leucocytes (monocytes) or "macrophages," to the lymphocytes, to the so-called clasmatocytes (histiocytes) of Ranvier and to similar fixed cells in the spleen, the lymph-nodes, the connective tissue, the neuroglia and muscle fibre. He also demonstrated their power to engulf and digest (haemolyze) red blood cells, their distribution in the he-

patic veins, the vena cava and the heart, and the rôle of this "digestive system within the tissues" in the resolution of inflammation and as defensive mechanisms of the body. To the macrophages, Metchnikoff, in fact, attributed the formation of agglutinins, coagulins and other antibodies or protective ferments. He showed how ganglion cells practise phagocytosis upon the lepra bacillus and the phagocytic rôle of the Kupfer cells in the liver and of the dust cells in the lung. This chapter in Metchnikoff's treatise on immunity[2] Aschoff regards as "the most significant in the whole conception of *defensio,* by which term is indicated the reactive processes of inflammation." It is clear that Metchnikoff first sensed the extensive distribution and specific functions of both fixed and circulating phagocytic cells.

Ranvier, who first observed the fixed cells in the omentum, thought they were migrated, modified leucocytes. Marchand, in 1901, demonstrated their origin in the connective tissue and their capacity to acquire phagocytic functions. The improved lithium carmine stain of Ribbert (1904) and the intra-vital staining methods employed by Ehrlich and Goldmann served to identify such cells, to map out the locus of the system, and to establish its specific capacity for storage of extraneous particles (*Speicherung*) as distinguished from ordinary phagacytosis, reenforcing Metchnikoff's view of its metabolic (digestive and excretory) function. Kiyono, a pupil of Aschoff, studied the properties of these cells throughout the entire animal series, "from mammals to cyclostomes" and showed how they may enter the venous channels at all points. Aschoff then mapped out the true reticulo-endothelial system as made up of stationary or fixed cells (histioblasts or fixed histiocytes) in the reticulum of the spleen and lymphoid tissue, in the endothelium of the lymph sinus and of the capillaries of the liver, bone-marrow, spleen, adrenal cortex and pituitary gland, with the migrating histiocytes, the large mononuclears (monocytes) and the splenocytes as outriders, and the chromatophores, neuroglia cells, and interstitial cells of the testis and ovary as accessory units. The cells composing the system are not necessarily identical in structure but are similar in function and staining reactions. They apparently play an

[2] Wrongly stated by Aschoff (p. 3) to be Chapter V, but in reality Chapter IV.

important part in blood production (myeloid and lymphoid elements), a still more important rôle in blood destruction (haemolysis), both of red cells and thrombocytes, in bilirubin production, in the storage and metabolism of iron, fat and proteins, and in the production of protective ferments (antibodies). The unity of the system, as established by countless experiments, is functional rather than morphological.

The importance of the reticulo-endothelial system begins to loom large when we consider its relation to pathological formations. First of all, in local inflammation and its resolution, the histiocytes act as scavengers and remove debris, *e. g.*, in the exudates of pleurisy and peritonitis. At the same time, in contrast with the mesothelial cells, they play a major part in the formation of granulation tissue. One of the earliest observations of monocytosis or histiocytosis was in the case of typhoid fever by Mallory (1898) and others, even to the extent of plugging the smaller pulmonary arteries (MacCallum). The same outpouring of the fixed and floating (mononuclear) cells has been noticed in subacute bacterial endocarditis, malarial fever, smallpox, paroxysmal haemoglobinuria and other conditions. A monocytic or splenocytic leukaemia has been observed by a few writers, but its existence is still in dispute. By intra-vital staining, Goldmann, Kiyono an dothers were able to prove that the essential element of tubercle is derived from the reticuloendothelial system, which is also true of the lymphatic proliferation in typhoid fever (Mallory), the malarial spleen, the leproma, sporotrichoma, rhinoscleroma, actinomycoma, pseudo-xanthoma and other granulomatous formations, in which the pathogens are phagocytosed, and digested within the engulfing cells. These are true defensive reactions. The clearing up of extraneous particles in the body, *e.g.*, in anthracosis or siderosis, is accomplished in the same way. There is the same defensive engulfing in kala azar and other protozoan affections. The storage and haemolysis of effete red blood cells by histiocytes in the spleen and elsewhere is characteristic of Weil's disease (Lepehne), typhoid fever (Mallory) and subacute bacterial endocarditis (Libman). There is an enormous destruction of erythrocytes in experimental poisoning by arseniuretted hydrogen (birds) and phenylhydrazine (dogs). Blockage of the reticuloendothelial system with collargol injections

(Lepehne) sometimes inhibits, sometimes stimulates its activities, according to receptivity. This may explain some of the vagaries of colloidal therapy.

Much new light has been thrown upon the aetiology of jaundice through experiments indicating that the conversion of haemoglobin into bilirubin is ordinarily accomplished in the Kupffer cells of the liver, but can also be produced on occasion in the spleen and other organs after excision or exclusion of the liver (Mann). In haemolytic jaundice, the spleen is extensively involved, as indicated by the disappearance of the symptoms after splenectomy (Krumbhaar). This contravenes the older theory of Minkowski and Naunyn, that the liver is the sole seat of jaundice or bilirubin production. The rationale of splenectomy in Banti's disease is to be explained in the same way. In pernicious anaemia, on the other hand, splenectomy gives only temporary relief, due to the fact that the locus of blood destruction is distributed over the entire reticulo-endothelial system (Krumbhaar). The success of irradiation of the spleen in purpura haemorrhabica with diminished thrombocytes is significant. In the familial splenic anaemia known as Gaucher's disease, the systemic lesions are endothelial, although as Mandlebaum and Downey have shown (1916), the products of cellular metabolism are not as in diabetic lipaemia of lipoid character. Like the reticular sarcomata and primary endotheliomata described by Ewing, Gaucher's disease may perhaps be regarded as a neoplasm of the reticuloendothelial system. Although some of the findings of experimentation, *e.g.*, in Lepehne's blockage of histiocytes, have been inconclusive or negative or variable in different animals, enough has been accomplished to demonstrate the importance of this system as a collateral factor in pathological processes. These is, in Ashoff's opinion, "no certain instance of a purely idiopathic hyperfunction of the reticulo-endothelial system." The concept rather illustrates the view stressed by Ewing, that in profound systemic disorders, pathologic change is not always confined to one organ or system of organis, but may, in some instances, exhibit very extensive correlations.

F. H. Garrison

THE TEMPLES OF AESCULAPIUS WITH NOTE ON INCUBATION AND THE THERAPEUTICS OF DREAMS

CHARLES L. DANA

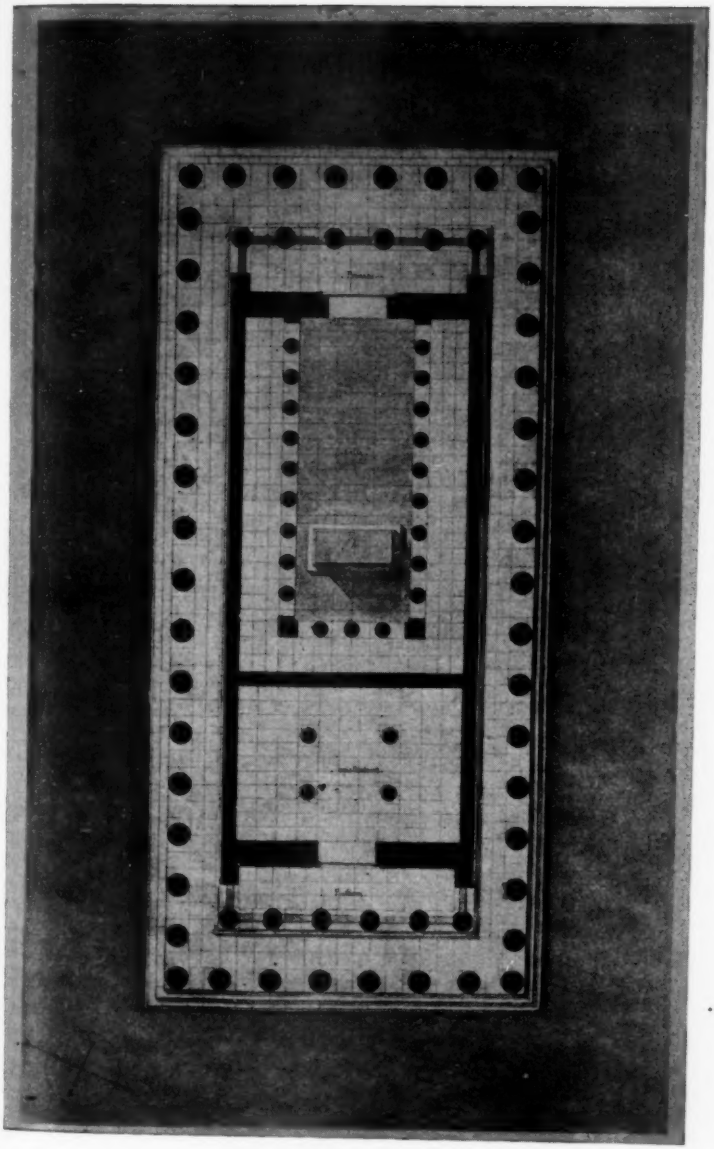
"The priesthood or 'family' of Aesculapius, a vast college, believed to be in possession of certain precious medical secrets, came nearest perhaps, of all the institutions of the pagan world, to the Christian priesthood; the temples of the god, rich in some instances with the accumulated thank-offerings of centuries of a tasteful devotion, being really also a kind of hospitals for the sick, administered in a full conviction of the religiousness, the refined and sacred happiness, of a life spent in the relieving of pain.

"In the time of Marcus Aurelius these medical dreams had become more than ever a fashionable caprice. Aristeides, the 'Orator,' a man of undoubted intellectual power, has devoted six discourses to their interpretation; the really scientific Galen has recorded how beneficently they had intervened in his own case, at certain turning-points of life; and a belief in them was one of the frailties of the wise emperor himself." From Pater's Marius the Epicurean, Chapter III.

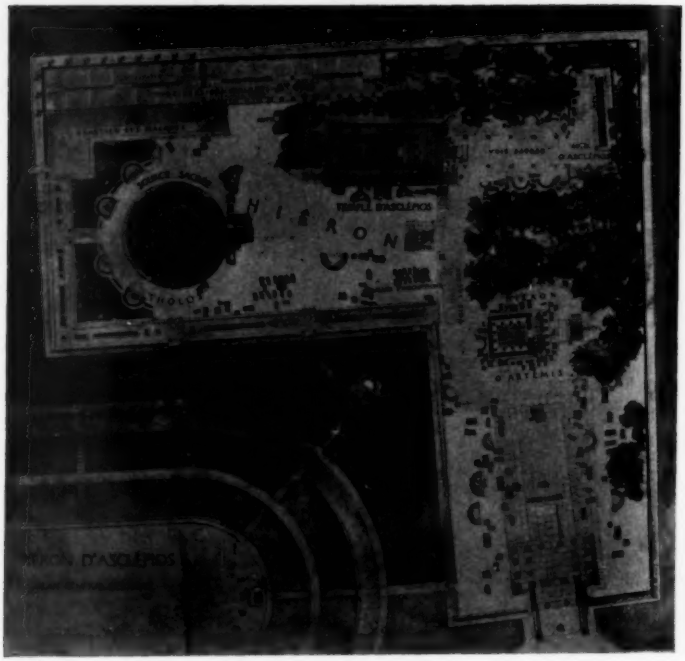
At the time of the Trojan War (presumably about 1200 B. C.), Aesculapius was only a "blameless physician" who had two sons working as surgeons in the Greek army. At some period not long after the War, Aesculapius was made the God of Medicine, and about 600 B. C. temples for his worship began to be erected. These temples grew in number and were distributed throughout Greece, Thessaly, Italy, Spain, Gaul, and even England. Their activities were continued well into the Christian era—in fact as late as 400 A. D. St. Jerome expressed his surprise that people were still worshipping at the temples of Aesculapius.

These temples were modest structures, though often architecturally fine. They consisted of only three rooms; a vestibule, a central room known as a "cella" in which a statue of the god was kept, and a room in the rear. The cella was lighted only from the roof. At the facade of the Temple there were always columns, and often columns were placed entirely round the building forming a colonnade and adding much to the beauty of the structure.

There was often associated with the Temple another building called a Tholos or rotunda. This was perhaps an administrative building in part, but it had in its center a kind of well in which were the harmless snakes.



PLAN OF THE PARTHENON.



TEMPLE OF AESCULAPIUS AT EPIDAURUS.

Dogs as well as snakes were animals associated with an Aesculapian temple. They were there partly because they were supposed to lap and cleanse the sore of the patient and partly because a dog watched over Asculapius when he was exposed as a child by his mother Coronis.

The temples were not used as places into which people went to worship. The worshipping was done at altars outside. Temples were cared for by a group of men known as the Priests of Aesculapius, and their activities were devoted to the cure and care of the sick. The method of treatment consisted in the use of a few ordinary drugs, chiefly those promoting elimination, the use of what is known as incubation or temple sleep, and the giving of advice as to sanitary living.

The patient who came to a temple for help was interviewed by a priest who explained to him the powers of the god and dilated no doubt upon the efficacy of his work. The patient was then told to go to a sleeping porch erected near the temple and to lie there during the night. He was told that he would have certain dreams in which Aesculapius would appear, or he might even have a visit from Aesculapius himself. In the morning, he was to describe his dream to a priest, and it was interpreted in such a way as to suggest therapeutic measures in behalf of the patient. As one reads of the use of dreams (see "The Cult of Aesculapius" by Alice Walton) for diagnosis and cure by the ancient priesthood, one feels that they anticipated and greatly elaborated the present-day methods of the psychoanalysts.

The temples, as they became popular, had associated with them these particular porches, which were open on one side, and in which the patients could sleep, but there were later also hotels erected. Often, there was another temple to some other god in the neighborhood. It seems evident that the patients were kept in the neighborhood of these temples for some period of time, and in time it became the practice to build amphitheaters in which the patients could be entertained with plays, and stadia in which were athletic sports.

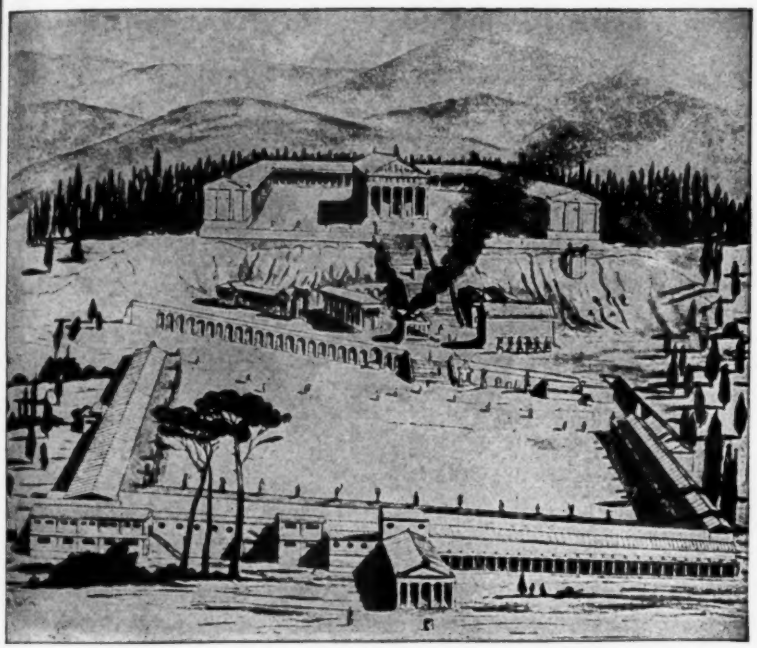
Thus the temples of Aesculapius in time became a sort of institution, combining the elements of religious therapeutics with various forms of out-door entertainment.

The temples were in some cases supported in part or whole by the State, but they often acquired large tracts of land and possessed a great deal of wealth.

It was customary after a patient had received and finished his treatment to present to the temple some votive offering. This would be perhaps an inscription telling of his cure or some object in the shape of the particular organ that was diseased such as a heart, a kidney or a broken leg. In this way the temples accumulated both therapeutic and clinical knowledge.

There is a difference of opinion among medical historians as to the actual therapeutic value of the temples and as to whether they really made any contribution to the progress of medicine. Some writers deny that they were of any scientific or medical importance and assert that they were centers of charlatanism and

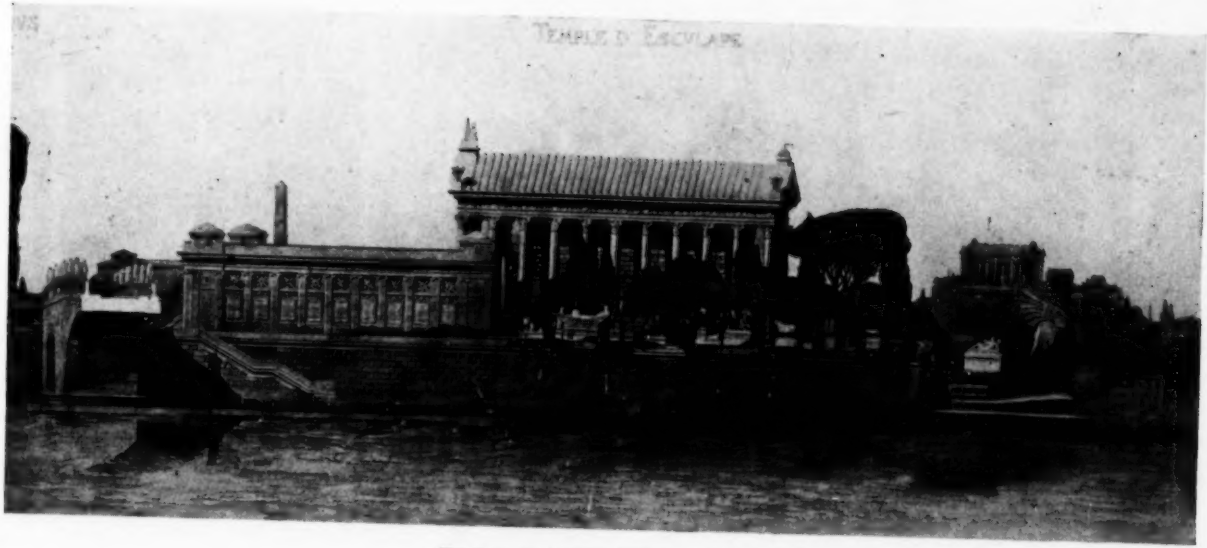
TEMPLE OF AESCULAPIUS AT ATHENS.
(Courtesy of Paul B. Hoeber, Inc.)



TEMPLE OF AESCULAPIUS AT COS.
(Courtesy of Paul B. Hoeber, Inc.)

religious fanaticism. Mr. Walter Pater in his book, "Marius the Epicurean," takes quite a different point of view. He gives a very vivid and elaborate description of an Aesculapian temple in Italy, and he expresses the view that the priests were not only sincere men and devoted to their calling but that they gave to the patients a great deal of valuable information as to the care of their lives and as to preventive medicine generally. It seems to me that it was impossible that these temples with their continual accumulation of inscriptions regarding disease and cures should not have furnished something of help to scientific medicine itself.

The group of buildings which made up the institution of the temple was surrounded usually by a hedge or a wall, and the enclosure as a whole received the name of a Hieron. The insti-



TEMPLE OF AESCULAPIUS AT ROME.

tution of the temple with all its accessions was also known as an Aesclepeia.

There were six cities in which the temples of Aesculapius became particularly celebrated. These were the temples at Cos, Cnidus, Epidaurus, Pergamos, Athens and Rome.

In recent years it has been the practice of certain archaeologists and architects to institute upon paper a so-called restoration of some of these temples. The grounds upon which the temple lay and its surroundings were carefully measured, the fragments of the ruined building were studied, and a reasonably correct idea of what the temples looked like is then produced. The most elaborate restoration has been that of the temple at Epidaurus. Pictures of this restoration were made into the form of a book with a descriptive text, and the pictures of this book have been removed and framed and now hang on the walls of the Academy of Medicine. I have a similar restoration of the temple at Cos and of the temple at Athens.

The temples of Aesculapius which prevailed through the whole of the Grecian civilization for a period of nearly one thousand years must have been something like in effect therapeutically the Christian Science churches of today. In other words, their therapeutic significance was largely one of suggestion. It is not impossible as Mr. Pater states that in many cases they made some study of preventive medicine and gave important advice regarding the warding off of disease.

Certain of the more famous temples attracted people to them just as people go to famous shrines to-day.

Bibliography. Those interested especially in this subject will find help in "The Cult of Aesculapius" by Alice Walton, Ph.D., who writes a scholarly monograph and gives a full bibliography. It is published as No. III Cornell Studies in Classical Philology. There is an excellent contribution by Dr. Richard Caton: The Temples and Ritual of Aesculapius, Hertford, Eng., 1899, also an article by Dr. Roland G. Curtin, Transactions of the American Climatological Society, 1906. I published an article entitled "The Cult of Aesculapius, his Statues and his Temples," in Vol. I of the Proceedings of the Charaka Club, 1902.

THE MENTAL AND MORAL TRAINING OF THE NORMAL CHILD—THE DUTIES OF PHYSICIAN, PARENT AND TEACHER—A CRITICAL ANALYSIS OF MODERN TRENDS AND DOCTRINES

(*Abstract*)

BERNARD SACHS

(Delivered before the New York Academy of Medicine, May 6, 1926)

The average child at birth—despite theories of heredity—is *potentially* a normal creature.

It is the function of the physician to grapple with the problem of preventing the development of serious mental trouble in later years.

The father must share with the mother responsibility for the raising and training of children. Too often the father sidesteps this duty because of preoccupation with his business.

The maternal instinct, tempered by experience and common sense, is the best guide for the rearing of children, although she should utilize, as most modern mothers now do in the case of feeding children, the best scientific information available.

It is a safe inference, based upon large experience, that environment (training) is more important to the child than heredity. While heredity undeniably influences physical and mental growth, and even habits, *it is safe to assume that any possible unfavorable heredity factor may be neutralized by proper training methods.*

Heredity is often held responsible for maladjustments, when educational methods (force of example, instruction, discipline) are at fault.

INFANCY

Even children of neurotic stock should *not* be pampered but trained as systematically in physical habits as other children. Mother and nurse are primarily to blame for over-stimulation of the child. No harm if infant begins to crawl or walk or talk a little later than the neighbor's child—leave it alone! Avoid psychological experiments with babies—especially mothers who are proud of their smattering of psychology.

Treat all children normally. Despite Freudian teachings, the mother should manifest toward child all the loving devotion she feels. Pay no attention to the modern catchword literature to the contrary. Although a few sexual irregularities may be traced to unwise "petting" by infants' nurses, all that is necessary is the sensible supervision of a sensible mother.

Nursery and Pre-School Age

Soon after the first year, every child should feel the weight of rightfully exercised authority—a beneficent tyranny. A sense of obedience should early be developed or the child rules the parent.

Despite Freud, this is the age to lay foundations in character training—do not bother about the sex instincts. No harm comes of such natural instincts, if the psychoanalyst would only refrain from unduly emphasizing them.

The lack of respect for authority is one of the grievous faults of our modern social life; and it is largely due to the fact that this need of respect for authority has not been inculcated in our young children. As neurologists and physicians, we can bear witness to the fact that the lack of respect for the authority of parent or teacher causes a great deal of trouble in the development of many a child that is potentially normal. There has been much idle talk about the fear of "repressing" a child, as though repression were a thing to be looked at askance; and the Freudians again grow wild over the repression of instincts, when everyone who reasons sensibly about the thing will realize that all the instincts, even the fundamental one of hunger, and certainly that of procreation, have to be repressed if the social order approved by mankind throughout the centuries is to be maintained.

With the development of speech and with the gradual development of the intellectual faculties, further difficulties arise. "Baby talk," so amusing at first, should not be encouraged. If not counteracted, its effects are apt to be lasting. Distinctness of articulation should be insisted upon by parent and teacher from the very start. The carelessness of speech that is so characteristic of the majority of individuals throughout life is a matter that deserves close attention. It is a rare treat to meet a child

that articulates distinctly. Language is acquired most easily by imitation, by repetition and by the association of words and objects. In the playroom and in the kindergarten class, through the use of appropriate toys, illustrated charts and the like, the child's normal associations and concepts are developed. All this may proceed along well-recognized and generally accepted lines.

The fear of contagious disease should not deter mothers from allowing their children to mingle freely with others. As soon as practicable, even before the kindergarten age, children should be brought into contact with one another, should be allowed to meet at play, and thus, at an early age, to develop the thought that not everything belongs to them, that others have possessions, rights and privileges equal to their own. At this period, develop the thought, "you are as good as I am" and not merely, "I am as good as you are." The latter leads to self-assertiveness and selfishness. The foundation of character is laid, at this early age, in accordance with the folly or wisdom of the parent or teacher. The systematic arrangement of the child's daily routine is of the utmost importance—definite hours of play, definite and sufficient hours of sleep, plenty of fresh air day and night—all these are conducive to a normal physical development and, above all, to the establishment of a healthy nervous state upon which the future normal mental status of the child so largely depends. Even in the matter of play, good judgment should prevail, especially in the case of children that come of neurotic stock. Boisterous play, tossing of children into the air, gymnastic stunts, prolonged running, muscular over-exertion, excessive walks should be avoided altogether.

The School Age

Advice to Teachers.—As a teacher charged with the proper training of young and growing children, I would have him endeavor, first of all, to develop the homely virtues such as honesty, truthfulness, kindliness, unselfishness. While the foundation for these virtues must be laid in the home, in the schoolroom they may become more deeply ingrained. No child is born with these virtues—they can and must be developed in every instance. The personality of the teacher is of the utmost importance. For a

number of years, the child's life and habits are controlled by the impressions made upon its mind by the teacher's voice, manner and precepts. We are apt to under-rate, certainly not to over-estimate, the tremendous power exercised by the teacher over the child's mind in its formative period. Our teachers evidently realize the part they play in our social organism, and anyone who, like the present writer, has taken the trouble to sit in the modern schoolroom, will be willing to pay a tribute of admiration to the marvelous qualities and to the personality of many of our present-day school teachers. The parent can, as a rule, well afford to support the efforts of the teacher who, nine times out of ten, has far greater understanding of the child's needs than has the parent.

I do not applaud making the child the subject of pedagogical experiment. I cannot accept the suggestion that the schoolroom should ever be regarded as a psychological and physiological laboratory. The normal child benefits by the rational discipline of the schoolroom—silence at proper intervals, quiet during instruction, respect for authority—*no child is ever harmed by it.* Schoolroom discipline is the greatest boon to the nervous, restless child who is either neglected or "nagged" at home. Bedlam let loose, of which some modern classrooms remind one, is a pedagogical failure.

Many times children brought for examination as to their mentality were found normal—the school "method" was at fault. Many normal children find the method of studying words by "visualization" more difficult than the older and traditional method. Changes in method, not only in teaching words but in other subjects, have frequently removed the cause of worry as to a child's "mentality."

Puberty and Adolescence

This is often a troublesome period. The developing bodies of boys and girls bring into active consciousness situations connected with sex. The parent cannot, and should not try to, avoid his responsibility. The *inquiring* or troubled child should be told about the mystery of birth and the differences between sexes, and the explanation should draw freely on the analogy between plant

and animal life. It is harmful to permit this knowledge to come from evil-minded persons or comrades. The "advanced" mother is not justified in anticipating the child's natural inquisitiveness —to do so is to foster premature development of sex instincts. Much mischief has been done in this way. When the proper time arrives, the necessary information should be given in such a way as not to over-stimulate the sex instinct and should be accompanied by the warning, given in most emphatic terms, that the sex instinct, like all other instincts, must remain under the control of the well organized, well behaved human being.

Normal children of both sexes should be allowed, up to the age of ten or eleven years, to associate with one another in unconcerned fashion. Consideration should be shown the opposite sex; less roughness in play on the part of the boy will help to develop in him such desirable traits of character as gentleness towards, and respect for women, which, in spite of universal suffrage and equal rights, the gentler sex is entitled to receive. But boys are to be boys, and girls, girls. The more virile character of play and sport that the boy or youth is expected to develop calls for more intimate association between members of each sex group. The form of play and the play associates should be watched and supervised just as carefully as are the school work and the schoolmates of one's child. Play and sport are the great outlet for the superabundant energy of boys and girls at the very time when the sex instinct also begins to assert itself in a very positive way. Outdoor (camp) life will do much for boys and girls between the ages of nine and fourteen years. The Boy Scout movement is to be commended warmly for its physical and moral effects. Parents and teachers should take their children or pupils into the country whenever possible. Communion with nature cannot begin too early. The growing boy or girl will fare better, by walking up and down hill, then by dancing according to the latest jazz strain.

In the early training of their children, both parents have equal duties and share responsibility equally. Let the physician, if in his power, remind the father of his duties, especially towards his sons. It is incredible, yet true, that mothers bring their boys to the physician for a wholesome talk when the boy (in his entire innocence, often enough) has reported his first seminal emissions

to the mother and the father did not "have the heart" to explain matters to his own son. Such an attitude on the part of the father is to be condemned utterly. The physician finds that, in most instances, a common-sense talk with the boy, assuring him that the occurrence is a perfectly natural one and may possibly recur from time to time, sets the boy's mind at rest and prevents further mischief. In the matter of all sex problems, boys should appeal to the father and girls to the mother. Sex questions should be discussed only with one's own sex. Not infrequently, mothers, unintentionally, play a very pernicious role. They excite rather than pacify sex curiosity. There may be exceptional cases (when the father is dead); but the rule holds good, and it is a very important one, that the boy, between the ages of eleven and fifteen years, should be chiefly under male guidance and girls of about the same age should receive all the information that they may require from an intelligent mother or companion.

It is surprising how innocent many fathers are of the sex habits and sex propensities of their sons. But this is only partial evidence of the lack of proper affiliation between father and son. Some recent painful experiences have shocked the community in the revelation of criminal thoughts and actions on the part of growing boys coming from well organized homes.

We physicians often find it difficult, when we recognize the abnormal trend of a youth's mind, to persuade the more "knowing" parents that there is anything wrong with the child they have learned to dote upon. In late years, the desire to have the child express itself fully and the failure to repress it in the least and to exercise any sort of discipline have been responsible for a great deal of mental and moral mischief, both in the parent and in the child. In advocating anything akin to discipline, one runs the danger of being called antiquated and unreasonable, but I, for one, still favor fostering a sense of obedience in the child toward the parent, respect for parental authority, consideration for one's neighbor; and all this can be inculcated without interfering in the least with the natural and mutual love between parent and child.

Evils of Psychoanalysis

The vital problems of the adolescent period have been made more complex by the scattering among the laity of the doctrines

preached by the psychoanalysts. Freud's influence has resulted in forced attempts to reduce all action to hidden sex impulses or motives. Dreams have been "interpreted" in the most utterly absurd fashion. Much Freudian "analysis" is practiced for the benefit of the practitioner but to the detriment of the young victim. I am not, at this time, interested in the fate of the adult who is willing to submit his person and his thoughts to this sort of inquiry. Unfortunately, many decent men and women, especially women, have been misled into an attitude of approval of methods which, in their soberer moods, they would have condemned utterly. The family practitioner, always eager to know of something new, has, I fear, been guilty of recommending, altogether too easily, this sort of sex study. In an unreasoning way, everything new is supposed to be worth trying.

"The interpretation of dreams on the Freudian plan is the biggest joke given out in the name of science that we have ever had." (J. J. Walsh.)

"Psychoanalysis is more of a religion than a science—indeed, a species of voodoo religion characterized by obscene rites and human sacrifices." (Frederick Peterson.)

Critical analysis of the Freudian doctrine leads irresistibly to the conclusion not only that it is a huge joke but deprived of its fascinating claptrap and of its sexual fantasy, the psychoanalytic movement has nothing left that could recommend it to the attention of seriously-minded persons.

For a time hypnotism was supposed to be a great mystery. In the course of years everyone has come to realize that its usefulness was altogether due to the ease with which powerful suggestions could be transferred from one person to another. The public at large was for a time as violently interested in hypnotism as it is at the present time in psychoanalysis, but the hypnotic method did not remain in favor with the public. There was no special joy in being put to sleep, even by a master mind. It is much more "stimulating" to be compelled for an hour or more, many times a week, and for several months to be face to face with a different kind of master, who insists upon discussing all sorts of ticklish subjects and who suggests both directly and continuously, that the sexual factor will have to be revealed.

The psychoanalysts have made much of the interpretation of dreams and in this their minds have run riot.

To most of us, going up a flight of stairs is a rather innocent affair. In dreams the Freudians claim it signifies sexual indulgence. A house or a room has no topographic relation to the other factors of a dream—it merely symbolizes woman. If you pass from one room to another in your dreams, you are playing the part of the sultan in his harem. Never dream of a church steeple; that is symbolic of man. The serpent was formerly the emblem of immortality, possibly of juvenescence and an attribute of Aesculapius and his daughter Hygeia; but in the Freudian mythology it is a phallic sign. If you are in the woods or in a garden (in the dream or in the waking state) you are in the presence of numerous phallic signs and you are constantly thinking of them. The reason men engage in building houses or in carpentry work is from the gratification of the sexual instinct: house—woman, that is all there is to it. It is humiliating to think that as scientific men we are asked to accept this sort of thing seriously. Remember that all this talk of symbolism has the effect of suggestion and these things now do convey Freudistic meaning to men and women who formerly took unalloyed pleasure in viewing the tower of the Strasbourg cathedral or the chief portal of the cathedral at Rheims. Wherever we take up the doctrines of the psychoanalysts they seem to lead to rank absurdities. Whatever else the normal man or woman may do, beware of slips of the pen or of the tongue. Only thus will you reveal your innermost secrets. There is some truth in this. Everyone knows that the wrong word may escape if you have something else in your mind, but the trouble with the Freudians is that they insist that your mind is always filled with nasty thoughts or that you are trying to hide something. That the vocal mechanism itself is innocently at fault never enters their minds. Not long ago I heard of the action of a certain board and said that I thought there was no reason to stand on a technical legality instead of a "legal technicality." What dreadful thing was in my mind at the time, what hidden complex was suddenly revealed, what role did the libido play?

My opposition to the entire Freudian system was due, in the first instance, to the recognition of its absurd perversion of the truth and of its logical defects. But I would not have felt called upon to enter upon any public controversy were it not for the

positive harm done by the practices of the Freudians, especially in the cases of youthful individuals of both sexes. Excessive introspection has made hypochondriacs of any number of youthful neurasthenics who might very readily have been cured by many other and simpler methods.

Abstracts of Papers Presented before the Section of Medicine, April 20, 1926

(a) TREATMENT OF ERYSIPELAS WITH THE SERUM OF CONVALESCENT PATIENTS

PERRIN H. LONG

From The Fourth Medical Service, Boston City Hospital.

It has been recognized that the hemolytic streptococci are the etiological factors in the causation of erysipelas since Fehleisen demonstrated their presence in the disease. It was believed, however, that any one of the large group of hemolytic streptococci was able to produce the disease. Recently Birkhaug and Stevens and Dochez have demonstrated the specificity of the streptococcus of erysipelas by biological methods.

With the establishment of the specificity of the streptococcus of erysipelas, the value of erysipelas convalescent serum in the treatment of the disease is evident. In the Boston City Hospital we have used the convalescent serum in eight selected early cases of erysipelas. In a second series of eight early cases of erysipelas used as controls we gave normal horse serum, Dochez's scarlet fever anti-toxin or normal human serum on entrance into the hospital.

In the eight patients treated with erysipelas convalescent serum in doses of fifty to seventy-five cubic centimeters, there was a drop in the temperature to normal within twelve hours, the signs of toxic urinary disturbance cleared, the toxicity disappeared, and the erysipelas lesion did not advance. In the eight control patients the average duration of the fever was five days, and no therapeutic benefits were noted.

It has been our experience that erysipelas convalescent serum when used in adequate quantities in early uncomplicated cases of erysipelas, reduces the temperature to normal, prevents the spread of the lesion, and helps to bring about an uneventful convalescence.

(b) THE RELATION OF PROTEIN TO NEPHRITIS

HENRY JACKSON, JR.

Thorndike Memorial Laboratory, Boston City Hospital

The large number of nephritics in both hospital and private practice together with the widespread belief that dietaries high in protein are injurious to patients whose kidneys are damaged justifies a close inspection of the evidence for and against the injurious properties of proteins and more especially so since the work of Newburgh who claims that nephritis may be caused de novo by diets high in nitrogen.

Newburgh as a result of various feeding and injection experiments has concluded that nephritis as we see it in man may be caused by excessive protein. Other authors find little or no evidence for this theory.

In the Thorndike Laboratory we have fed normals as much as five pounds of beef at a meal without producing any notable change in the urine. We have given mild nephritics as much protein as they would eat with slightly increased albuminuria as the main result. We have fed rats a diet containing 76 per cent. protein over very prolonged periods with no renal damage resulting, and finally we have taken out one kidney from rats and then allowed them to live on a 76 per cent. protein diet for a year and more. A slight nephritis seems to be the result in this last group but the experimental series is not yet finished and definite conclusions are not warranted. It should be noted, moreover, that in this series the nitrogen output through the remaining kidney is so great that it would be virtually impossible for similar conditions to be realized in a man's everyday life. We cannot believe that protein even in excess is a common cause of nephritis in man.

The problem of how much protein should be fed a patient whose kidney is already damaged is somewhat different. Those cases in which renal injury is severe and in which the blood nitrogen is markedly elevated should be given such a diet as to reduce the protein metabolism to its lowest level. Total calories, vitamins and salts should be carefully regulated, otherwise protein starvation may ensue. Cases in which there is little or no interference with nitrogen excretion probably do as well on moderate protein intake as they do on extremely low nitrogen levels. Patients suffering from true nephrosis may possibly benefit by high protein diets. Our experience with this class of patient is small. Certainly high protein diets, as advocated by Epstein, should be used with caution and not too much enthusiasm. Finally it should be said that albuminuria and cylindruria alone do not constitute an indication for reduction of protein intake, any more than they necessarily mean nephritis. We have seen cases originally diagnosed nephritis which turned out to be malignant endocarditis, myxedema, or cirrhosis of the liver, all of which were originally given an uncalled for low protein diet. Surely there is no indication to reduce protein in these cases. A rising blood nitrogen proves that the patient cannot handle so much protein easily. It does not prove that his kidneys are being injured.

In short we could say that nephritis is probably not caused de novo by high protein dietaries, that severe nephritics should be given a diet calculated to reduce their nitrogen metabolism to a minimum and that mild nephritics and hypertensions may be allowed to continue their dietary ways provided no gross divergence from normal is present.

(c) CORONARY CIRCULATION AND HEART DISEASE

JOSEPH T. WEARN

From the Thorndike Memorial Laboratory, Boston City Hospital.

If one reviews the history of the study of heart disease he is surprised at the very small amount of study directed toward the circulation of the heart. Until recent years very little was

known of the larger arteries and veins, and even now our knowledge of the capillaries and the Thebesian vessels is practically nil.

Spalteholz, Gross and others have shown by beautiful injections the distribution of the larger coronary vessels, and Gross has also shown the marked change that takes place in the circulation of the heart as one grows older. These studies have thrown much light upon coronary disease and particularly upon coronary occlusion.

In the Thorndike Laboratory of the Boston City Hospital I have been studying the smaller units of the coronary circulation—the capillaries and the Thebesian vessels.

By means of injections it has been possible to study the blood supply to the various parts of the heart in cats, rabbits and rats, as well as in the human heart. The blood supply is very rich and the average count has shown about one capillary to each muscle fiber. Some very meager evidence, recently obtained, suggests that when one is at rest and the heart is beating slowly, only a part of the total number of capillaries is open, but with exertion when the heart beats faster many more capillaries open up. These findings are in keeping with those of Krogh in skeletal muscle and of Richards in his kidney studies.

A rather interesting point has come out of the experiments which is of interest in clinical heart disease. When injecting the vessels of these hearts it soon became apparent that it was impossible to get the injection material into capillaries while the heart was dilated. The larger vessels however were well injected, and subsequent study has shown that the injection material, instead of going through the capillaries of a dilated heart, returns directly to the chambers of the heart by way of the Thebesian vessels. This furnishes the explanation of the inefficient performance of a dilated heart.

The Thebesian vessels have had very little attention, but there are times when they may play a very important role in the circulation of the heart. One frequently sees at the necropsy table, advanced sclerosis of the coronary arteries, so advanced that the openings are practically closed, yet these hearts function by blood from the Thebesian vessels.

Bayne-Jones, Kerr, Gross and others have shown the existence of vessels in the valves, and the important relationship of this

fact to endocarditis is obvious. By injecting the living heart it has been possible to show a rich capillary supply in some valves as well as a very rich supply in the aortic wall.

At present we are studying quantitatively the capillary supply to the muscle of normal and abnormal hearts.

Abstracts of Papers Presented Before the Section of Obstetrics and Gynecology, May 25, 1926

(a) THE RELATION OF THE HISTOLOGICAL PICTURE TO PROGNOSIS IN CARCINOMA OF CERVIX UTERI

ALFRED PLAUT

The variety of cell forms and histological pictures in cervical carcinoma is very great. It is extremely difficult, practically impossible to divide cervical carcinoma into a few well defined groups as Martzloff *f.i.* has done following the principles of Broders. Besides the original variety in cell forms secondary changes like fatty or glycogenic infiltration hydrops and others may influence the appearance of cells which then seem to belong to another type as they really do. Different writers use the same term for different types of cells and different types of tumors, and different names are employed for obviously identical structures. Even if agreement on these points could be reached histologic prognosis nevertheless would not be practicable. Too many other factors are at least as important as the celltype and other histological features in determining the outcome of the disease. The age of the patient, the race and many other constitutional and conditional factors known and unknown ones. Careful study of many cases in the Woman's Hospital with complete follow up for 149 cases did not show a relation between the histologic structure and the prognosis. Only the squamous cell carcinomata with marked hornification apparently are less malignant than all the other forms. Since just the hornifying squamous epithelium is reported by radiologists to be more radioresistant than other cells it becomes difficult again to establish prognosis in cases treated by radiation. This is true for all

forms corresponding to the generally accepted laws that tumor cells of anaplastic character which resemble embryonic cells are found in rapidly progressing tumors and to the other law that such cells are especially radiosensitive. The architecture of the tumors, the differences in stroma, necrosis, inflammation did not correspond to any definite clinical groups. The age factor is important especially in very young patients (no cure under 30 years) and in old patients above 65. In young patients a larger number of anaplastic polymorph tumors was found, while for the ages between 30 and 60 no marked difference existed. The number of mitotic figures in the slides from surgical material was not decidedly higher in the unfavorable cases than in the other ones. A general histologic classification not relying on any single sign but on the whole aspect of the slides did not yield a relation to prognosis for the majority of cases, but all of the 10 cases the slides of which were designated as "very irregular" ended with death before one year elapsed after onset of symptoms. No group of fat spindel cell carcinoma could be established and the cases in which the presence of such cells was noticeable were not less favorable than other ones. (For details see the author's papers which will be printed in *Surg. Gyn. and Obst.* and in *Archives of Pathology.*)

(b) ACTIVE AND PASSIVE PROTEIN SENSITIZATION IN UTERO

BRET RATNER, M.D., HOLMES C. JACKSON, PH.D., AND HELEN LEE GRUEHL, B.A.

(From the Department of Physiology, University and Bellevue Hospital Medical College.)

Several years ago one of us (B. R.) in studying a case of eczema in an infant obtained the history of an excessive indulgence in eggs by the mother during her period of pregnancy.

Since that time which is about five years, we have taken antepartum histories in all cases of protein sensitivity in infancy and early childhood and have found a number of similar cases. These observations seemed to indicate a probable relationship in

certain instances between what a mother ate during her antepartum period and a state of protein sensitivity in the offspring.

If a theory bearing upon such a relationship were to be voiced, we have felt it ill-advised to base it solely on the evidence of clinical investigation, and have expressly withheld any publication on this subject until some fundamental experimental facts towards its support could be advanced.

A search of the literature revealed a few experimental observations by Rosenau and Anderson, Anderson, Gay and Southard, Schenk, and Wells, on the transmission of passive sensitization from mother to offspring. These though of great importance to a proper understanding of our subject throw light on but part of our problem.

We desired to actively sensitize a fetus in utero, in a mother who at the time of confinement was proven to be non-sensitive. If such evidence were obtained, we believed it would be in accord with what may occur in those infants who manifest profound anaphylactic symptoms the first time they ingest some protein food, the indication being that these infants become sensitized before birth. The initial ingestion after birth would then be the second or toxic contact with the protein food taken.

The passive transfer of specific sensitization from mother to offspring might well occur as is shown by the above workers. However, it should be understood that in these instances mothers of these infants must themselves be shown to be sensitive to the same proteins, which was not the case in our groups, so that there must be two types of sensitization in utero, namely passive and active.

For the past three years we have been engaged in a study of this problem in the guinea pig, but before proceeding with a discussion of our experiments, survey of the literature bearing on the problem will make for a better understanding.

A complete discussion of the literature on 1. Placental Permeability, 2. Transmission of Protein Sensitization from Mother to Offspring, 3. Transmission of Foreign Proteins Through the Placenta, was given.

Abstract of original work:

In the study of 29 guinea pig families, in which the mothers had been injected with normal horse serum long before concep-

tion, we induced acute anaphylactic death in the offspring born of these mothers, by an injection of normal horse serum within the first twenty-four hours to a few days after birth, thus corroborating the work of others.

We have also shown this passive sensitivity of the offspring to presist as a rule for 78 days, and in one instance for 118 days. Thus for the present, we may assume that passive sensitization from mother to offspring generally lasts for about 2½ months, but may persist for even longer than 4 months.

Up to the present state of our investigation, we have shown this transfer to pass successively into the offspring of the second, third, and fourth litters, the mothers having received a single injection of horse serum before the first confinement.

In 15 families, in which the mothers were sensitized during pregnancy, the offspring, as in the former cases, showed sensitization at birth. We have not as yet demonstrated the influence that the antigen might have on the duration of sensitization in these offspring. This is under further consideration.

The foregoing experiments serve as a background for our present work. We believed that if we could actively sensitize a mammal in the uterus of a mother, non-sensitive at the time of confinement, the experimental proof thus obtained might be more in accord with the mechanism which may be present in certain of the remarkable instances of those infants born of non-sensitive mothers, who manifest profound anaphylactic symptoms when they ingest some protein food for the first time.

We have been unable to find any record in the literature of an attempt to clearly differentiate a passive transfer of antibodies from mother to offspring, from an active sensitization of a fetus in utero.

In order to accomplish our purpose, we attempted to so time the injection into the mother before confinement, as to obviate with certainty, the possibility for the establishment of antibodies before the birth of the offspring.

This was a difficult task, as one cannot easily time the date of parturition. It was therefore a question of guessing as nearly as possible, the end of a period of pregnancy, and thus make our injection within a few days before confinement. For example, we had 11 animals injected from 1 to 4 days, 18 that were injected

between 6 and 10 days, and others which were injected a longer period before confinement.

It is obvious that when an animal was born within 1 to 4 days after the mother had been injected, no antibodies could have developed and been transferred to the offspring. However, in all instances, further evidence of a definitely non-sensitive state of a family was obtained, by proving that either the mother or one of the offspring was not sensitized at the time of confinement. The remaining, or uninjected offspring, were then permitted to live for a month or more. This period of time, we believe, would suffice for the active development of antibodies—the direct result of contact of the fetus with the horse serum transferred from the mother's circulation through the placenta.

Not knowing the influence that an injection into the mother might have on the sucklings, we did not in every case, inject the mother after confinement, although in 10 families we have shown no evidence of transmission of antigen through the milk. This question is under further investigation.

The overwhelming number of these experiments resulted in an inability to produce this active sensitization in utero. These negative experiments total 26 families. In 8 families we obtained moderately suggestive results. In 3 families we obtained results that were fairly definite but not conclusive. In 1 family the results were very striking, but the period of injection prior to the confinement seemed too long to fit in with the criteria laid down above.

In view of the irrefutable fact, that antibodies pass through the placenta with regularity, the negative results that we obtained in the latter group of experiments, may be due to many factors, which at the present time cannot be answered. Among these considerations, there is the question of the length of time that it takes antigen to pass through the placenta, the question of whether this passage occurs in every instance, and the question of the ease with which the fetus is able to develop an active sensitization.

However, we believe that we have in three instances, definitely shown that a fetus can be actively sensitized in utero, and present the following experiments as proof.

Mother 541, on 10/23/25, received a 10 cc. intravenous injection of horse serum. On 10/25/25, which was exactly two days

after the injection of horse serum, this mother gave birth to two offspring. On 10/30/25, one of the offspring, five days after birth, or seven days after the mother had received her injection, was given an intravenous injection of 1 cc. horse serum. This animal remained perfectly normal. The second, or remaining offspring, on 11/20/25, was thirty-five days old, when it also received an intravenous injection of 1 cc. horse serum, and promptly died in acute anaphylactic shock, presenting typically anaphylactic lungs.

In this instance, it seems clear, that the initial injection to the offspring, must have in reality been the second or toxic dose to the primary sensitizing dose it had received in utero. The negative reaction of the first offspring, in face of the overwhelming evidence of anaphylactic death, occurring in newly born guinea pigs of sensitized mothers, indicates very strongly that the sensitivity developed by the second offspring was that of an active production of antibodies.

Mother 310, on 5/19/25, received 2 cc. of horse serum intraperitoneally. On 5/22/25 (three days later), gave birth to one offspring. As long as fifteen days after the mother's first injection, *i.e.*, 6/5/25, we were fortunately able to show that this mother remained perfectly normal, after a 1 cc. intravenous injection of horse serum. The offspring was then permitted to live for twenty-eight days, and on 6/19/25, was given an intravenous injection of 1 cc. horse serum, and promptly died in acute anaphylactic shock. On this same day (6/19/25) the mother received her third injection of 1 cc. intravenously, and also promptly died in acute anaphylactic shock. This lends further evidence to the fact that on 6/5/25, the negative response of the mother to the second injection shows that she gave birth to her offspring before she was sensitized. (Three days as noted above is generally regarded as too short a time for the development of antibodies.)

Mother 569, on 2/22/26, received 10 cc. of normal horse serum intravenously. Forty-eight hours later on 2/24/26, this mother gave birth to two offspring. One offspring when 29 days old received an intravenous injection of 0.9 cc. of horse serum and died in typical anaphylaxis within a few minutes. The second offspring when also 29 days old received an intravenous injec-

tion of 1 cc. of horse serum, showed definite evidences of anaphylaxis with partial collapse and marked dyspnea. The following day this animal was given an injection of 1 cc. horse serum intravenously and remained absolutely normal, thus showing it to be refractory.

This experiment shows that an active sensitization in utero must have taken place as the mother was injected only two days prior to giving birth to the offspring, and therefore could not have transferred antibodies.

These facts obtained in guinea pigs, we hope may suggest some possible explanation for certain instances of anaphylactic reactions in early childhood, when these individuals ingest some foreign protein for the first time. We are engaged in further studies on this entire problem.

PROCEEDINGS OF ACADEMY MEETINGS, 1926

Stated Meetings

May

Thursday evening, May 6.

ORDER

I. Executive Session.

II. Address.

The mental and moral training of the normal child (the duties of physician, parent and teacher; a critical analysis of modern trends and doctrines), Bernard Sachs.

Thursday evening, May 20.

Program presented in cooperation with the Sections of Medicine and Orthopedic Surgery.

ORDER

I. Executive Session.

Resolution proposed at the Stated Meeting of May 6 and referred to the Council:

"*Resolved*: That Section 2 of Article III of the Constitution be amended by omitting the words 'sixteen hundred

and twenty-five' and by inserting therefor the words 'seventeen hundred.' ''

II. Papers of the Evening: A Symposium on Poliomyelitis.
   a. Is epidemic poliomyelitis preventable and does a specific form of treatment of the disease exist? Simon Flexner.
   b. Can a pre-paralytic diagnosis of infantile paralysis be made, and is there a successful specific therapy? George Draper.
   c. The orthopedic treatment of poliomyelitis, Fred H. Albee.

Section Meetings

May

Section of Dermatology and Syphilis

Tuesday evening, May 4.

ORDER

I. Presentation of Patients.
   a. Miscellaneous cases from the service of Dr. Whitehouse at the New York Skin and Cancer Hospital, Paul E. Bechet.
   b. Cases from the Good Samaritan Clinic, Abraham Walzer, Boleslaw Lapowski.
   c. Miscellaneous cases.
II. Discussion.
III. Executive Session.
   Election of officers.

Section of Surgery

Friday evening, May 7.

ORDER

I. Reading of the Minutes.
II. Presentation of Cases.
   a. 1. Cholecystectomy and gastrectomy for chronic perforating ulcer.
      2. Gastrectomy for advanced carcinoma.
      3. Chronic tempero maxillary subluxation.
      4. Torsion of the omentum, John H. Morris.

b. Cases of fracture of os calcis treated by subastragaloid arthrodesis, Alan D. Smith.

c. 1. Torsion of the omentum.
2. Traumatic rupture of the spleen—splenectomy.
3. Compound fracture of the tibia involving the knee and ankle joints. Early result, John H. Garlock.

d. An early case of gastric carcinoma in which a roentgen diagnosis was made, William F. Honan.

e. 1. Enterostomy for acute mechanical ileus in a child—Recovery.
2. Enterostomy for acute mechanical ileus in an adult—Recovery, Bradley L. Coley.

f. Two cases illustrating jejunostomy and acute ileus, Ralph Colp.

III. Papers of the Evening.

a. Intestinal obstruction: The clinical application of experimental studies, Harvey B. Stone, Baltimore (by invitation).

b. The use of enterostomy in acute ileus, Frederick T. Van Beuren, Jr.

IV. Executive Session.

Election of officers. The present officers were renominated at the April meeting.

Section of Neurology and Psychiatry

Tuesday evening, May 11.

ORDER

I. Case Presentations.

a. A case of extensive cerebral thrombosis, with lantern slides and presentation of pathological material, Irving J. Sands.

b. A case of retrobulbar neuritis followed by acute transverse myelitis, due to lead poisoning, William V. Cone (by invitation).

II. Papers of the Evening.

a. Gastro-duodenal ulcers and autonomic imbalance, H. G. Wolff (by invitation).

b. A further contribution to the psychology of the essential epileptic, L. Pierce Clark.

III. Executive Session.
Election of officers:
For Chairman, Thomas K. Davis.
For Secretary, Walter M. Kraus.

Section of Pediatrics

Thursday evening, May 13.

ORDER

I. Reading of Minutes.
II. Presentation of Cases.
a. Babies Hospital, one case.
b. Bellevue Hospital, one case.
c. Mt. Sinai Hospital, one case.
d. Nursery and Child's Hospital, one case.
e. Presbyterian Hospital, one case.
f. Roosevelt Hospital, one case.
g. St. Luke's Hospital, one case.
h. St. Mary's Hospital, one case.
i. Vanderbilt Clinic, two cases.
j. Dr. Rudolph D. Moffett, one case.
III. General Discussion.
IV. Executive Session.
Election of officers. The present officers were renominated at the April meeting.

Section of Otology

SPECIAL NOTICE

A combined meeting of the Section of Otology and the Section of Laryngology and Rhinology, with the Philadelphia Section of Otology and Laryngology will be held in Philadelphia Wednesday evening, May 19. The program will be announced later.
Election of officers:
For Chairman, J. L. Maybaum.
For Secretary, Richard T. Atkins.

Section of Ophthalmology

Monday evening, May 17.

ORDER

I. Reading of the Minutes.

II. Clinical Meeting.

a. A case of bullous keratitis with remarks on treatment, Arnold Knapp.

b. 1. Case of traumatic arterio venous aneurysm in the cavernous sinus, post operative result.

2. Crater shaped hole in optic disc, Henry H. Tyson.

c. 1. Case of large scleral rupture of the eyeball due to a stab wound.

2. Traumatic hole in the macula following gunshot wound.

3. Embolism of the central artery due to specific arteriosclerosis.

4. Case of unilateral exophthalmos occurring in a child.

5. Case of extensive pre retinal hemorrhage occurring in the macula area, Martin Cohen.

d. Cases illustrating ultimate value of recession operations, S. A. Agatston.

e. Sarcoma of orbit in child nine months old, Walter B. Weidler.

f. The use of tetanus antitoxin in the prevention and treatment of sympathetic ophthalmia. Report of case, A. H. Thomasson (by invitation).

g. 1. A case of powdered gold in both cornea.

2. A case of adenoma of the pituitary after operation, Clyde E. McDannald.

III. Executive Session.

Election of officers. The present officers were renominated at the April meeting.

Section of Genito-Urinary Surgery

Friday evening, May 21.

ORDER

I. Reading of the Minutes.

II. Papers of the Evening.
   a. The curve of phthalein excretion, its interpretation and clinical use, A. J. Crowell, Charlotte, N. C. (by invitation).
   b. The role of specific bacteria in the production of calculus, B. H. Hager, Mayo Clinic (by invitation).
   c. Experimental and clinical proof of the value of intravenous germicidal injections in local and general infections, H. H. Young, Baltimore (by invitation); J. H. Hill, Baltimore (by invitation).

III. Discussion Opened by John H. Killian, Ph.D. (by invitation); A. B. St. George (by invitation); O. S. Lowsley; Harlow Brooks; J. Bentley Squier; J. F. McCarthy.

IV. General Discussion.

V. Executive Session.
   Election of officers. The present officers were renominated at the April meeting.

SECTION OF OBSTETRICS AND GYNECOLOGY

Tuesday evening, May 25.

ORDER

I. Reading of the Minutes.

II. Case Reports.
   a. Cyst of the vagina in a new born child, L. S. Rau (by invitation).
   b. Report of a case of vagitus uterinus, Frederick C. Freed.

III. Papers of the Evening.
   a. The relation of the histological picture to the prognosis in carcinoma of the cervix uteri, Alfred Plaut (by invitation).
   Discussion by George Gray Ward, Robert T. Frank.
   b. Active and passive protein sensitization in utero, Bret Ratner; Holmes C. Jackson, Ph.D.; H. L. Gruehl (by invitation).

IV. Executive Session.
   Election of officers. The present officers were renominated at the April meeting.

SECTION OF LARYNGOLOGY AND RHINOLOGY

Wednesday evening, May 26.

ORDER

I. Reading of the Minutes.

II. Presentation of Cases.
This meeting will be devoted to the presentation and report of cases.

III. General Discussion.

IV. Executive Session.
Election of officers. The present officers were renominated at the April meeting.

TESTIMONIAL DINNER TO DR. DANA

A testimonial dinner was tendered by the Public Health Relations Committee of the Academy to Dr. Charles L. Dana, its Chairman, on April 26 at the University Club of New York, in commemoration of the fifteenth anniversary of the organization of the Committee. Dr. Dana has been Chairman of the Committee from its inception.

During the dinner Dr. Dana was presented with a Greek marble head of the 4th Century B. C., from Athens.

The speaking program, which was arranged to simulate a meeting of the Committee, was carried out as follows:

1. Introductory remarks.
   Dr. George David Stewart, toastmaster.
2. Reading of the minutes.
3. Report of the Executive Secretary.
   Dr. E. H. L. Corwin.
4. "The role of neurology in Public Health."
   Report by Dr. James Alexander Miller.
5. "The Doctor peeps at a fellow practitioner."
   Report by Dr. Joseph Collins
6. "Some of the recreations of Dr. Dana in art and literature."
   Report by Dr. Frederick Peterson.
7. "How it strikes a junior contemporary."
   Report by Dr. Foster Kennedy.
8. Rebuttal by Dr. Dana.

LIST OF SPECIAL INTERNSHIPS OR RESIDENCIES IN CERTAIN SPECIALTIES OFFERED IN NEW YORK HOSPITALS

Medicine

1 Beth Israel Hospital. 6 months to 1 year. Salary.
1 Long Island College Hospital. 1 year. Salary.
1 Mount Sinai Hospital. 1 year. Salary.
1 Post Graduate Hospital. Indeterminate. Salary.
1 Montefiore Hospital. 1–2 years. Salary.
4 Bellevue Hospital. 1 year, 3 with salary.
1 Metropolitan Hospital. 1 year. Salary.
1 Lenox Hill Hospital. 1 year. Salary.

Surgery

1 Beth Israel Hospital. 6 months to 1 year. Salary.
1 Post Graduate Hospital. Indeterminate. Salary.
4 Mount Sinai Hospital. 1 year. Salary.
1 Lenox Hill Hospital. 1 year. Salary.
2 New York Skin and Cancer Hospital. Indeterminate. No salary.
3 New York Hospital. In private wards (Med. and Surgery). 1 year. Salary.
1 Metropolitan Hospital. 1 year. Salary.
1 Fifth Avenue Hospital. 1 year. Salary.
2 Bellevue Hospital. 1 year. Salary.
1 Montefiore Hospital. 1 year. Salary.

Orthopedic Surgery

1 Montefiore Hospital. 1–2 years. Salary.
6 Hospital for Ruptured and Crippled. 18 months. No salary.
7 Hospital for Joint Diseases. 1 year. Salary.
6 New York Orthopedic Hospital. 2 years. Salary.
2 Reconstruction Hospital. 1 year. Salary.

Dermatology—Syphilology

3 New York Skin and Cancer Hospital. Indeterminate. No salary.

Obstetrics and Gynecology, Combined

1 Nursery and Child's Hospital. 1 year. Salary.
1 Brooklyn Hospital. 1 year. Salary.
9 Sloane Maternity Hospital.
6 for 1 year. No salary.
3 Resident and Assistant Resident. Indeterminate. Salary.
1 New York Foundling and St. Ann's Maternity Hospital. 1 year. No salary.

Obstetrics

6 Bellevue Hospital.
3 for 6 months. No salary.
1 for 6 months. Salary.
2 for 1 year. Salary.
2 Lying-In Hospital. Four months. No salary.
1 Woman's Hospital. Indeterminate. Salary.
1 Long Island College Hospital. 1 year. Salary.
4 Manhattan Maternity Hospital. Three interns for 6 months.
1 house surgeon. Salary.
3 Berwind Maternity Clinic. 6 months. Salary.
1 Harlem Hospital. 4 to 6 months. No salary.
1 Bronx Maternity Hospital. Indeterminate. Salary.
3 Jewish Maternity Hospital. 3 to 6 months or longer. Salary.
1 Brooklyn Hebrew Maternity Hospital. 6 months. Salary.
1 United Israel Zion Hospital. Indeterminate. Salary.

Gynecology

1 Bellevue Hospital. 1 year. Salary.
3 Woman's Hospital.
1 Indeterminate. Salary.
2 for 1 year. No salary.
1 Long Island College Hospital. 1 year. Salary.
2 Mount Sinai Hospital. 6 months or longer. Salary.
1 Roosevelt Hospital. 6 months. No salary.
1 Lenox Hill Hospital. 1 year. Salary.

Urology

1 New York Hospital. Indeterminate. Salary.
1 Roosevelt Hospital. 6 months or longer. No salary.
2 Bellevue Hospital.
1 for 6 months. No salary.
1 for 18 months. Salary last 6 months.

Pediatrics

6 Bellevue Hospital. 9 months. No salary.
1 for 1 year. Salary.
4 Babies' Hospital. 1 year. No salary.
3 St. Mary's Free Hospital for Children. 6 months. No salary.
5 Nursery and Child's Hospital. 9 months or longer. No salary.
5 New York Infirmary for Women and Children.
3 intern. 9 months. No salary.
2 indeterminate. Salary.
2 Mount Sinai Hospital. 6 to 12 months. Salary.
2 Jewish Hospital of Brooklyn. 2 years. Salary.
3 New York Foundling and St. Ann's Maternity. 9 to 12 months. No salary.
2 Presbyterian Hospital. 8 months. No salary.
2 Lenox Hill Hospital. 6 months. No salary.
1 Metropolitan Hospital. 1 year. Salary.
1 Post Graduate Hospital. 6 months. Salary.
1 Fifth Avenue Hospital. 1 year. Salary.

Neurology

2 Bellevue Hospital.
1 for 6 months. No salary.
1 for 18 months. Salary.
2 Mount Sinai Hospital. 6 months and longer. Salary.
1 Montefiore Hospital. 1 year. Salary.
4 Neurological Institute. 1–2 years. Salary.

Oto-Laryngology and Ophthalmology, Combined

3 St. Luke's Hospital. 18 months. No salary.
2 Mount Sinai Hospital. 6 to 12 months. Salary.

1 Lenox Hill Hospital. 1 year. Salary.
3 Polyclinic Hospital. 18 months. No salary.

Ophthalmology

2 New York Ophthalmic Hospital. 1 year. Salary.
2 Post Graduate Hospital. 10 months. No salary.
5 Manhattan Eye, Ear and Throat Hospital. 15 months. No salary.
12 New York Eye and Ear Infirmary. (Ophth. and Otol.) 18 months. No salary.
3 Bellevue Hospital. 1 year. No salary.
2 Knapp Memorial Eye Hospital. 18 months. No salary.

Oto-Laryngology

4 Post Graduate Hospital. 20 months. No salary.
7 Manhattan Eye, Ear and Throat Hospital. 21 months. No salary.
4 Bellevue Hospital. 20 months. No salary.

Tuberculosis

4 Bellevue Hospital. 1 year. Salary.
1 Montefiore Hospital. 1 year. Salary.

Physiotherapy

1 Montefiore Hospital. 1 year. Salary.

Radiology

1 Montefiore Hospital. 1 year. Salary.

Roentgenology

Beth Israel Hospital, 1 full time for 6 months.
N. Y. Post Grad. Med. School & Hospital, 1 full time for 1 year minimum.
United Israel-Zion Hospital, 1 full time for indefinite period.
Bellevue Hospital, 2 full time for 1 year.
Hospital for Joint Diseases, 1 part time for 3 months.
Presbyterian Hospital, 1 full time for 1 year.
Roosevelt Hospital, 1 full time for 1 year.

L. I. College Hospital, 1 full time for 1 year.
Mt. Sinai Hospital, 1 full time for 1 year.
Cumberland Street Hospital, 1 part full time for 2 months.
Broad Street Hospital, 1 full time for 3 months.
Gouverneur Hospital, 1 part full time for 1 year.
Jewish Hospital of Brooklyn, 2 full time for 1 year.
Brownsville & East. N. Y. Hospital, 1 part full time for 6 months.
Beth Moses Hospital (Bklyn.), 1 full time for 6 months.
City Hospital (Welfare Island), 1 full time for 3 months.

MEDIÆVAL PEST-TRACTS AND DREAM-BOOKS

Documents scientifiques du XV^e^ siècle. I. Remedes contre la peste. Facsimilés, notes et liste bibliographique des incunables sur la peste. By A. C. Klebs and E. Droz. 96 pp., sm. 4°. Paris. E. Droz, 1925.

II. La clef des songes. Facsililés, notes et liste des éditions incunables. By Maurice Hélin. 100 pp., sm. 4°. Paris. E. Droz, 1925.

These exquisite keepsakes, printed on vellum paper, consist of facsimile reproductions of medical incunabula, published, at very obvious financial risk, by an enterprising young Frenchwoman, Mlle. Droz.

The first contains *the Regime* of Jean Jasme [Johannes Jacobi], written in 1357 and printed by Guillaume Le Roy at Lyons in 1476, the *Remede* of the same author, commonly attributed to Knut, Bishop of Vesteras (1461), and published by Pierre Le Dru at Paris toward the end of the 15th century, another *Remede* of Jacobi printed by Antoine Caillaut at Paris about the same time, and facsimile pages of two other *Regimes*, the first attributed to Thomas Le Forestier and printed by Jacques Le Forestier at Rouen on October 21, 1495, the other a *Regime* attributed to the physicians of Basel and printed at Lyons by Claude Nourry circa 1519. The first of these pest-tracts, a poem made up of 90 dizains, each ending in the word "epedimie," was regarded by the editors as the earliest known writing on plague. A MS. of 1357 was found in the library

of the late Baron James de Rothschild (Paris), but an earlier MS. in the Catalonian dialect, an epistle of Jacme d'Agramont (1348), was subsequently found in the Archives of Lerida. Jean Jasme, or Johannes Jacobi (*anglice* John James), the author of the Regime of 1357, was a member of the Montpellier Faculty, of which he became chancellor in 1364. He was physician to Pope Urban V and to the emperor Charles V, for whom he wrote a manual of medical practice (1378). A contemporary of Guy de Chauliac and Valescus de Taranta, his writings reveal the Arabist tendencies of the Montpellier school. His poem shows the tendency (novel in the Middle Ages) to associate such diseases as plague with filth, and is so like the second incunable of this collection in content that the attribution of both to the same author seems inevitable. The Salernitan *Regimen Sanitatis* has verses on the pest which suggest an interpolation from the Jacobian *Regime*. The notes and bibliography of incunabula on the pest at the end are interesting and valuable. The work is illustrated by three woodcuts, one showing the mediaeval physician receiving his patients, another depicting him at his desk with the characteristic monkish lectern, slanted at 45°, the third a blood-letting mannikin.

The second quarto of this series comprises texts of three different versions of one of the mediaeval dream-books, the *Somnia Danielis*, with facsimile reproductions of title-pages, specimen pages, colophons and woodcuts from other editions. The cult goes back to the days of Chaldean astrology, of which the *locus classicus* is Daniel II, 7: "Let the king tell his servants the dream, and we will shew the interpretation of it." As the editor points out, dream-books of this type established themselves in mediaeval Europe by way of Byzantium. They became popular in the Middle Ages, and went by such names as the "Dreams of Joseph," the "Prognostics of Ezekiel," the "Lunars of Solomon," etc. The Chaldean lore of dreams goes back, however, to the animism of savages and is even reflected in Plato's statement that dreams are prophetic visions received by the "lower soul" through the liver (*Timaeus*, XLVI, 47). Even the Australian medicine man tries to interpret dreams. Even the Siamese have dream books. Hippocrates and Galen, while admitting with the Stoic philosophers that some dreams may be

divine revelations, took the important stand that others may be pathological, indicative of diseased states of mind and body. The present editor catalogues no less than 36 separate incunabula going by the name of "Daniel's dreams." The interpretations are what we might expect: To dream of climbing a tree means you will rise in the world. To dream of washing your head means you will be out of danger. To weep in dreams means joy. As hinted in the introduction, the booklet is obviously designed to interest the psychiatrists, although the dreams specified and the interpretation thereof are somewhat different from the oneiric data of psychoanalysis. A detailed analysis of dreams and dream-books remains to be written.

F. H. GARRISON

LIBRARY NOTES

Deaths in New York in 1798–99

In the April number of the Bulletin appeared the abstract of a paper entitled, "Intimations of Public Health in Early New York" by Dr. Donald B. Armstrong. In it is stated that: "The earliest fairly reliable mortality statistical records for New York City are found in a semi-centennial table of mortality covering the period 1804–53."

We wish to draw attention to the fact that the Library possesses two rare and rather curious pamphlets which tell us about deaths in New York in its early days. The first is entitled, "A List of the Names of the Persons Interred in the Several Burying Grounds in the City of New York, and at Bellevue, and Potters-Field, from August 1 to November 14, 1798." One hundred and twenty-nine pages are devoted to alphabetical lists of names, occupation, address, and, sometimes, age of those who died. In some instances it is stated from what country the dead person came. There are one or two occasions on which the cause of illness is stated, such as "consumption." Some of the entries are quaintly worded—"Codwise George, the wench of, 341 Pearl Street," "Copp Wm. bellevue, late one of the editors of the Gazette published at Kingston, Ulster county," "Craton Mrs. Æt. 44 decay," "M'Donald James, (the noted sportsman)

78 Vesey-street, Scotland," "Simmonson Lucy, wife of Cornelius, a black physician, Pearl near Frankfort-street," "Vanderbilt, John, of Long Island, the slave of, from the corner of Ann and George-street." At the end of the pamphlet are given monthly tables of the number of men, women and children who had died, their religious denomination, and how many had succumbed to "fever." From August 1 to November 14, 1798, the total deaths are given as 2,086, and 1,424 are stated to have been due to "fever." Finally, there is a short list of donations received by the Health Committee. A curious entry is put under date of December 17—"A jury of enquiry, held at Mr. Bardin's their fees by Mr. John Nitchie, in a cause of Lunacy, dols. 10."

The second pamphlet, entitled "Record of Death, or an Accurate List, of the Names, Places of Abode, Occupations, &c. of our Fellow Citizens, who have fallen Victims to the late FEVER, since its Commencement July 25, to October 21 as have been reported to the Committee of Health and faithfully copied from the Register Kept by the Committee," is not dated, except that the year "1799" is written below the title in an old hand. There is a list almost thirteen pages long of those who died of "malignant fever." The deaths are recorded chronologically, the names of the persons and their addresses being given. The last names on the list are "Inhabitants of this City who have died out of Town during the late Prevailing Malady." The largest number of deaths recorded were, eighteen on the 21st of September and fifteen on both the 9th and 23rd of September. The fever referred to in 1798 and 1799 was probably yellow fever. It might be noted that the inhabitants of New York possibly numbered forty thousand at this time.

These pamphlets appear not to be in the Library of the Surgeon General's Office.

A. M.

RECENT ACCESSIONS TO THE LIBRARY

Allen, H. W. Diseases of the rectum . . . Practice of ambulant proctology.
Phila. Mitchell . . . co., 1926, 148 p.

Bailey's Text-book of histology. 7. ed.
N. Y. Wood, 1925, 939 p.

Braun, M., & Seifert, O. Die tierischen Parasiten des Menschen. 6. Aufl.
Leip. Kabitzsch., 1925, 608 p.

Carter, H. S. Diet lists of the Presbyterian Hospital, N. Y. C. 3. ed.
Phila. Saunders, 1926, 173 p.

Chandler, A. C. Animal parasites and human diseases. 3. ed.
N. Y. Wiley, 1926, 373 p.

Ciampolini, A. L'organizzazione della assistenza curativa agli infortunati del lavoro.
Firenze. Barbèra, 1926, 238 p.

Cohn, A. Die Ethik als Problem der sozialen Zahnheilkunde.
Leip. Barth, 1925, 76 p.

Cole, S. W. Practical physiological chemistry. 7. ed.
Cambridge. Heffer, 1926, 479 p.

Collet, F. J. Précis de pathologie interne. Tome 1.
Paris. Doin, 1926, 1106 p.

Colwell, H. A., & Wakeley, C. P. G. An introduction to the study of x-rays and radium.
Lond. Oxford pr., 1926, 203 p.

Contributions to ophthalmic science, dedicated to Dr. Edward Jackson in honor of his seventieth birthday, Mch. 30, 1926.
Menasha, Wisc. Banta . . . co., 1926, 319 p.

Courmont, J. Précis de bactériologie pratique.
Paris. Doin, 1926, 1259 p.

Crile, G. W. A bipolar theory of living processes.
N. Y. Macmillan, 1926, 405 p.

Dale, H. H., Drummond, J. C. [et al.]. Lectures on certain aspects of biochemistry.
Lond. Univ. of Lond. pr., 1926, 313 p.

Darwin, L. The need for eugenic reform.
N. Y. Appleton, 1926, 529 p.

Easterbrook, C. C. Mental invalids.
Edinb. Oliver, 1925, 86 p.

Fisher, A. G. T. Manipulative surgery.
N. Y. Macmillan, 1926, 168 p.

Goepp, R. M. Nurses' state board questions and answers.
Phila. Saunders, 1926, 373 p.

Goodnow, M. The technic of nursing.
Phila. Saunders, 1926, 452 p.

Hajek, M. Pathologie und Therapie der entzündlichen Erkrankungen der Nebenhöhlen der Nase. 5. Aufl.
Leip. Deuticke, 1926.

Harris, W. Neuritis and neuralgia.
Lond. Oxford pr., 1926, 418 p.

Hauer, A. Das unreine Blut.
Leip. Kabitzsch., 1925, 73 p.

Heatherley, F. Modern methods in the diagnosis and treatment of heart disease. 2. ed.
N. Y. Wood, 1926, 269 p.

Hintze, K. Sexual- und fortpflanzung Hygiene.
Leip. Kabitzsch., 1925, 131 p.

Kilduffe, R. A. The clinical interpretation of the Wassermann reaction.
Phila. Lea, 1926, 203 p.

Kraft, G. Erinnerungen an Johannes von Mikulicz und Karl Schönborn . . .
Leip. Barth, 1926, 84 p.

Lange, F. G. Handbook of safety and accident prevention.
N. Y. Eng. magazine co., 1926, 512 p.

Lansing, M. F. Great moments in science.
Garden City. Doubleday, 1926, 265 p.

Le Calvé, J. Y. N. L'oedème.
Paris. Masson, 1925, 648 p.

McAdie, A. Man and weather.
Cambridge. Harvard pr., 1926, 99 p.

Mach, E. The principles of physical optics.
Lond. Methuen, 1926, 324 p.

Morse, F. H. Low volt currents of physiotherapy. Physics, effects, technic.
Bost. Gen. x-ray co., 1925, 117 p.

Nagelschmidt, F. Lehrbuch der Diathermie. 3. Aufl.
Berlin. Springer, 1926, 373 p.
Page, C. M., & Bristow, W. R. The treatment of fractures and dislocations in general practice.
Lond. Oxford pr., 1925, 279 p.
Perkins, G. The diagnosis, treatment and end results of tuberculous disease of the hip joint.
Lond. Oxford pr., 1926, 118 p.
Reinecke, U. Physiological incompatibilities in dental surgery. V. 1.
Cape Town. Townshend . . ., 1923.
Rignano, E. Biological memory.
Lond. Kegan Paul, 1926, 253 p.
Roussy, G., & Bertrand, I. Travaux pratiques d'anatomie pathologique. 3. éd.
Paris. Masson, 1924, 264 p.
Sal Lence, D. G. Refrazione oculaire.
Napoli. Idelson, 1925, 198 p.
Soldan, C. N. P. Al servicio de la higiene Americana.
Lima. Ref. med., 1925, 160 p.
Stein, M. F. Water purification plants and their operation. 3. ed.
N. Y. Wiley, 1926, 316 p.
de Tarnowsky, G. Emergency surgery.
Phila. Lea, 1926, 718 p.
Textbook of the practice of medicine.
Lond. Oxford pr., 1926, 1828 p.
Thalbitzer, S. Emotion and insanity.
Lond. Kegan Paul, 1926, 127 p.
Thom, C., & Church, M. B. The aspergilli.
Balt. Williams, 1926, 272 p.
Thomalla, C. Innere Sekretion.
Leip. Kabitzsch., 1925, 107 p.
Tobey, J. A. Public health law.
Balt. Williams, 1926, 304 p.
Transactions of the American academy of ophthalmology and oto-laryngology, 1925.
Transactions of the American climatological and clinical association, 1925.

Transactions of the American hospital association, 1925.
Transactions of the American surgical association, 1925.
Waldstein, L. The subconscious self.
N. Y. Scribner, 1926, 171 p.
Wheeler, R., & Wheeler, H. Talks to nurses on dieteties and dietotherapy.
Phila. Saunders, 1926, 184 p.
Zenner, P. Sex education.
N. Y. Appleton, 1926, 133 p.

DEATHS OF FELLOWS OF THE ACADEMY

Alexander Duane, M.D., B.S., 143 East 35th Street, New York, N. Y., graduated in medicine from the College of Physicians and Surgeons, New York City, in 1881; elected a Fellow of the Academy April 4, 1901; died June 10, 1926. Dr. Duane was a Fellow of the American Medical Association, a Fellow of the American College of Surgeons, a member of the American Ophthalmological Society, a member of the American Academy of Ophthalmology & Oto-Laryngology.

Carlos Frederick MacDonald, M.D., Central Valley, N. Y., graduated in medicine from University & Bellevue Hospital Medical College in 1869; elected a Fellow of the Academy May 5, 1904; died May 29, 1926. Dr. MacDonald was a Fellow of the American Medical Association, a member of the American Psychiatric Society, a member of the New York Psychiatric Society and Consulting Physician at Manhattan State Hospital.

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CHARLES E. ATWOOD

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